

# ART B - FEE(S) TRANSMITTAL

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01333 7590 01/23/2004

PATENT LEGAL STAFF  
EASTMAN KODAK COMPANY  
343 STATE STREET  
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<u>June P. Carfagna</u>	(Depositor's name)
<u>June P. Carfagna</u>	(Signature)
<u>April 8, 2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/705,545	11/03/2000	Peter T. Aylward	79797PAL	8710

TITLE OF INVENTION: FINGERPRINT PROTECTION FOR CLEAR PHOTOGRAPHIC SHIELD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHILLING, RICHARD L	1752	430-496000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Paul A. Leipold  
2 \_\_\_\_\_  
3 \_\_\_\_\_

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**EASTMAN KODAK COMPANY**  
**343 STATE STREET, ROCHESTER, NY 14650-2201**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
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(Date)

Paul A. Leipold /pc 4/8/04

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